

INTRASTATE MOTOR CARRIER COMPANY INFORMATION

CHANGES ONLY

I understand the Commission must be notified in writing of any changes to our company's account. This is to inform the Commission of the following changes:

COMPANY NAME: _____

If your company name has changed, you must file the proper name change application.

NEW MAILING ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

NEW PHYSICAL ADDRESS: _____

(If your company has moved from the last reported physical address)

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE: (_____) _____ **FAX:** (_____) _____

OTHER CONTACT NUMBERS: (_____) _____

EMAIL _____ @ _____

COMPANY TAX REPORTING YEAR (Mark ONLY one box)

- ☐ Company's Tax reporting year is on a **CALENDAR** basis reporting **January 01 to December 31** each year.
- ☐ Company's Tax reporting year is on a **FISCAL** basis reporting from _____ to _____ each year.
Month/Day Month/Day

COMPANY OFFICERS AND TITLES:

President: _____

Vice President: _____

Secretary: _____

LIST ALL LOUISIANA TERMINALS(S):

(1) _____

(2) _____

(3) _____

(4) _____

Printed Name of person providing information

Signature

Thank you for your prompt attention.